DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

A DISPOSABLE DOUBLE POINTED INJECTION NEEDLE, AND AN INSULIN INJECTION SYSTEM COMPRISING A DISPOSABLE DOUBLE POINTED INJECTION NEEDLS

| and for | which a patent application: | |
|---------|---|---|
| 2 | is attached hereto (and includes amendment(s) filed on(| if applicable)) |
| | was filed in the United States on as Appln. Ser. No | |
| | with amendment(s) filed on (if applicable) | |
| | was filed as PCT International Appln. No on a | and was amended under PCT Article 19 on (if applicable) |

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, C.F.R. §1.56.

Highey claim foreign priority benefits under Title 35, U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(d) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application on this invention filed by me or my legal representatives or assignees and having a filing date before that of the application on which priority is claimed.

| EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION | | | | | |
|--|---------|--------------------------------------|------------------|------|--|
| APPLICATION NUMBER | COUNTRY | DATE OF FILING (day, month, year) | PRIORITY CLAIMED | | |
| 00610052.3 | ЕРО | 31 May 2000 | Yes ⊠ | No □ | |
| PA 2000 01790 | DENMARK | 28 November 2000 | Yes ⊠ | No □ | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| APPLICATION NUMBER | FILING DATE | |
|--------------------|-------------|--|
| | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Bruce C. Anderson (46,519), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,354), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,866), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel Li (47,759), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square. New York, NY 10036.

SEND CORRESPONDENCE TO: Skadden, Arps, Slate, Meagher & Flom LLP Four Times Square

New York, NY 10036 PTO Customer No. 26137 DIRECT TELEPHONE CALLS TO: Robert B. Smith 212/735-3020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may impropriate the validity of the amplication or any nateut issued thereon.

| 1 | FULL NAME OF INVENTOR | Last Name LARSEN | First Name CARSTEN | Middle Name GERNER | |
|-----------------------|------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---------------------|
| | RESIDENCE AND CITIZENSHIP | City KGS. LYNGBY | State or Foreign Country DENMARK | Country of Citizenship DENMARK | |
| | POST OFFICE ADDRESS | Street SKELTOFTEVEJ 4 ST.TV | City KGS. LYNGBY | State or Country DENMARK | Zip Code DK-2800 |
| Signa | ture of Inventor | | | Date | |
| | FULL NAME OF INVENTOR | Last Name STENHOLT | First Name LARS | Middle Name | |
| | RESIDENCE AND CITIZENSHIP | City HUMLEBAEK | State or Foreign Country DENMARK | Country of Citizenship DENMARK | |
| | POST OFFICE ADDRESS | Street NY STRANDVEJ 102 C | City HUMLEBAEK | State or Country DENMARK | Zip Code DK-3050 |
| Signa 171 | ture of Inventor | | | Date | |
| | FULL NAME OF INVENTOR | Last Name ANDERS | First Name MOLIN | Middle Name | |
| | RESIDENCE AND CITIZENSHIP | City KØBENHAVN K | State or Foreign Country DENMARK | Country of Citizenship DENMARK | |
| | POST OFFICE ADDRESS | Street LILLE STRANDSTRAEDE 24, 1.TV | City KØBENHAVN K | State or Country DENMARK | Zip Code DK-1254 |
| Signature of Inventor | | | | Date | |
| 4 | FULL NAME OF INVENTOR | Last Name REX | First Name JØRN | Middle Name | |
| | RESIDENCE AND CITIZENSHIP | City ROSKILDE | State or Foreign Country DENMARK | Country of Citizenship DENMARK | |
| | POST OFFICE ADDRESS | Street HYLDETOFTEN 6 GUNDSØMAGLE | City ROSKILDE | State or Country DENMARK | Zıp Code DK-4000 |
| Signature of Inventor | | | Date | | |

| 5 | FULL NAME OF INVENTOR | Last Name LARSEN | First Name BJØRN | Middle Name GULLAK | |
|--|------------------------------|---------------------------|-------------------------------------|-----------------------------------|---------------------|
| | RESIDENCE AND CITIZENSHIP | City BAGSVAERD | State or Foreign Country DENMARK | Country of Citizenship DENMARK | |
| | POST OFFICE ADDRESS | Street BUEGÅRDEN 17, 2 TV | City BAGSVAERD | State or Country DENMARK | Zip Code DK-2880 |
| Signa | ture of Inventor | | | Date | |
| 6 | FULL NAME OF INVENTOR | Last Name | First Name | Mıddle Name | |
| | RESIDENCE AND CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | Street | City | State or Country | Zip Code |
| Signa | ture of Inventor | | | Date | |
| TABYTHY | FULL NAME OF INVENTOR | Last Name | First Name | Middle Name | |
| | RESIDENCE AND CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | Street | City | State or Country | Zip Code |
| | nture of Inventor | | | Date | |
| 13 13 13 13 13 13 13 13 13 13 13 13 13 1 | FULL NAME OF INVENTOR | Last Name | First Name | Middle Name | |
| | RESIDENCE AND CITIZENSHIP | City | State or Foreign Country | Country of Citizenship | |
| | POST OFFICE ADDRESS | Street | City | State or Country | Zip Code |
| Sign | ature of Inventor | | | Date | |